LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at **Wanda.Mitchell@ncmail.net**, and to Spencer Clark, Chief's Office, Community Policy Management Section, at **Spencer.Clark@ncmail.net.** Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at **Brenda.G.Davis@ncmail.net** or (919) 733-4670, or to Spencer Clark at **Spencer.Clark@ncmail.net** or (919) 733-4670.

a. **Name of LME** **Mecklenburg County**		***b.*** **Date Submitted**
c. **Name of Proposed LME Alternative Service** **Community Activity and Employment Transitions (CAET) – YA351**		
d. **Type of Funds and Effective Date(s):** *(Check All that Apply)* ☐ **State Funds:** Effective 7-01-07 to 6-30-08 **XX State Funds:** Effective 7-01-08 to 6-30-09		
e. **Submitted by LME Staff (Name & Title)** **Dennis Knasel, Director, Consumer Affairs and Community Services**	***f.*** **E-Mail** **Dennis.Knasel@MecklenburgCountyNC.gov**	***g.*** **Phone No.** **704-336-4441**

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds though a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by

an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

	Requirements for Proposed LME Alternative Service *(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)*
	Complete items 1 though 28, as appropriate, for all requests.
1	**Alternative Service Name, Service Definition and Required Components** *(Provide attachment as necessary)* **Community Activity and Employment Transitions (CAET) :** ***Please note: the following service definition is based on one that was developed by a Statewide Employment Work Group and presented to the Division in 2004. The recommendation of the Work Group was that this definition would replace the Adult Developmental Vocational Program (ADVP) service definition.*** Community focused activities are day/night services that provide supervision and services during a substantial part of the day in an integrated, community based setting (defined as 51% non-disabled: 49% disabled). Individuals with developmental disabilities and/or co-occurring mental illness diagnoses, and/or a traumatic brain injury are eligible to receive this service. This service is to be provided on an individualized basis. Participation will be scheduled as defined in the goals of the individual's person-centered plan. The service is designed to support the individual's personal independence and self-sufficiency and to promote social, physical and emotional well-being through activities such as integrated employment, social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.
2	**Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array** • ***Consumer access issues to current service array*** • ***Consumer barrier(s) to receipt of services*** • ***Consumer special services need(s) outside of current service array*** • ***Configuration and costing of special services*** • ***Special service delivery issues*** • ***Qualified provider availability*** • ***Other provider specific issues*** In August of 2005, facilitated by staff of Mecklenburg's LME, a communitywide Self Determination Best Practice Committee was established. Membership included advocacy agencies, providers, consumers, family members, vocational rehabilitation staff, interested community stakeholders, and representatives from Charlotte Mecklenburg schools, CPCC and UNC-Charlotte. The committee adopted the philosophy and principles of Self-Determination as their basic beliefs and values and took on the task of reviewing current services to determine how to move the community forward in adopting and developing evidence based, best practice services. In late 2006 The Mecklenburg County Self Determination Best Practice Committee identified ADVP as being an outdated, not best practice, service where individuals were being "housed" in a segregated environment, making sub-minimum wage, if any wage at all. Data was collected from the existing ADVP providers in Mecklenburg County and it became increasingly concerning that a high percentage of

	individuals receiving the service had been participating for 5, 10, 15 and even 20 years with no evidence of goals being individualized and with no movement towards vocational pursuits. Two of the committee members had also been on the Statewide Employment Work Group and recommended that the Committee review the CAET definition as a model for a new service alternative for persons who were currently receiving Adult Developmental Vocational Program (ADVP) in the Mecklenburg LME catchment area. The committee reviewed the definition, supported the concept of creating a pilot and recommended that the LME release a Request for Proposal. The RFP emphasized "employment first" as the ultimate goal of each person who would be supported by this approach. The RFP was released in February of 2007 and LifeSpan was selected as the provider to initiate the pilot and implement the CAET model. The LME requested and received approval from the Division to use non-UCR funds to support the initiative. Within the first few months of implementation two representatives from the Division visited LifeSpan to see first hand how the service was being implemented and had the opportunity to observe and talk to individuals who had been in ADVP but who were now successfully employed in the community through the CAET initiative. CAET services go beyond exploring vocational (work) opportunities and address the consumer's "whole" life. Examples include work, play, volunteering, natural support, skills development, personal growth, socialization and wrap-around supports. Most individuals who had been attending ADVP had little, if any, knowledge of resources in their community and little exposure to the possibilities of employment . Unlike ADVP, the CAET model is not facility based, nor tied to a particular site; it incorporates an individualized, integrated, and person-centered approach with each individual participating in the service and it seeks and connects individuals to existing community based resources and activities. And, if necessary it may develop creative and innovative approaches to connecting an individual to his/her community, through the use of natural supports and/or wrap around supports. In addition, the CAET model is not a readiness model and is not dependent upon individuals being referred to Vocational Rehabilitation in order to obtain employment. CAET staff become a "life/work support team" for each person and support individuals in securing jobs, volunteering, securing stable housing, learning to ride the public transportation system, learning to use a computer, going back to school to take classes, joining civic groups, attending church, learning to grocery shop and plan a budget, developing their artistic talents. Basically the overall goal is to support a person in "getting a life" and realizing many of his/her hopes and dreams.
3	**Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition** There is sufficient evidence that a work "readiness model" does not achieve successful outcomes, i.e., one cannot predict who will be successful in employment, people do not always generalize skills and abilities from one setting to another, some "problem behaviors" cannot be fixed in a segregated setting and "real work" situations can only be simulated to a limited extent. The CAET model fully embraces the "support model" which is developed around the following tenets: integrated versus segregated education; real work in integrated settings; personalized "flexible" supports designed for the person as opposed to fitting people into programs; supported or independent living as opposed to large group living; commitment to supporting membership in the community; and self-determination in which the person, family members and friends determine how supports will be provided. The theme, and commitment, being addressed is: "Supporting Self-Determined Lives: One Person at a Time".
4	**Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service:** *(Check one)*

	☒ **Recommends** ☐ **Does Not Recommend** ☐ **Neutral (No CFAC Opinion)** CFAC plays a key role in Best Practice Committees and in the Request for Proposal process (which they designed); CFAC members participate on best practice committees and are involved in decisions made at that level, plus they are not only represented on RFP review teams, but also have final say, with final recommendations going to the LME Director, re. which programs/services to fund. CFAC completely supported the move away from ADVP and towards best practice models like CAET. And in fact, CFAC has recently adopted an "Employment First" philosophy, i.e., "Employment First is the vision of making employment the first priority and preferred outcome of people with disabilities." And has made a recommendation to the LME Director that all PCPs be required to address the employment status of, and as appropriate develop employment goals for, each individual receiving IPRS funds.
5	**Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service** 400
6	**Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service** $1,200,000
7	**Eligible IPRS Target Population(s) for Alternative Service:** *(Check all that apply)* ***Assessment Only:*** ☐***All*** ☐***CMAO*** ☐***AMAO*** ☐***CDAO*** ☐***ADAO*** ☐***CSAO*** ☐***ASAO*** ***Crisis Services:*** ☐***All*** ☐***CMCS*** ☐***AMCS*** ☐***CDCS*** ☐***ADCS*** ☐***CSCS*** ☐***ASCS*** ***Child MH:*** ☐***All*** ☐***CMSED*** ☐***CMMED*** ☐***CMDEF*** ☐***CMPAT*** ☐***CMECD*** ***Adult MH:*** ☐***All*** ☐***AMSPM*** ☐***AMSMI*** ☐***AMDEF*** ☐***AMPAT*** ☐***AMSRE*** ***Child DD:*** ☐***CDSN*** ***Adult DD:*** ***X All*** ☐***ADSN*** ☐***ADMRI*** ***Child SA:*** ☐***All*** ☐***CSSAD*** ☐***CSMAJ*** ☐***CSWOM*** ☐***CSCJO*** ☐***CSDWI*** ☐***CSIP*** ☐***CSSP*** ***Adult SA:*** ☐***All*** ☐***ASCDR*** ☐***ASHMT*** ☐***ASWOM*** ☐***ASDSS*** ☐***ASCJO*** ☐***ASDWI*** ☐***ASDHH*** ☐***ASHOM*** ☐***ASTER*** ***Comm. Enhance.:*** ☐***All*** ☐***CMCEP*** ☐***AMCEP*** ☐***CDCEP*** ☐***ADCEP*** ☐***ASCEP*** ☐***CSCEP*** ***Non-Client:*** ☐***CDF***
8	**Definition of Reimbursable Unit of Service:** *(Check one)* ☐ ***Service Event*** ***X 15 Minutes*** ☐ ***Hourly*** ☐ ***Daily*** ☐ ***Monthly*** ☐ ***Other: Explain***_____
9	**Proposed IPRS Average Unit Rate for LME Alternative Service** *Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed average IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?* $9.65
10	**Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service** *(Provide attachment as necessary)*

	Based on 14 months of experience: review of actual expenditures, number of individuals served, client hours, and average hours per client.
11	**Provider Organization Requirements** Community Activity & Employment Transitions (CAET) must be delivered by a qualified provider organization, which meets the standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by the Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/ registered to do business in the State of North Carolina. The program must have a designated full-time director. Evaluation services shall be available for all individuals. There should be a supportive, therapeutic relationship between the provider and the individual which addresses and/or implements interventions outlined in the person-centered plan. Provider organization must demonstrate how it has operationalized and implemented the philosophy and principles of Self-Determination, Person Centered Thinking and Person Centered Planning.
12	**Staffing Requirements by Age/Disability** *(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)* CAET services shall be under the direction of a person who meets the requirements specified for Qualified Professional (QP) status according to 10A NCAC 27G.0104. The QP is responsible for the supervision of other program staff which may include Associate Professionals (AP) and paraprofessionals who meet the requirements according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population to be served/supported. The staff ratio is dependent on the mix of persons being supported at any given time, and the mix of staff that form a person's "life/work support team" if one is needed. However, at any time one staff should not be supporting more than 4-5 individuals.
13	**Program and Staff Supervision Requirements** The activities and services of CAET shall be driven by a person-centered planning process and the number of hours the individual receives are to be specified in his/her Person Centered Plan. This service is available for a period of three or more hours per day; although, an individual may attend fewer than three hours. Services may be provided on weekends or in the evening. Staff are considered "life/work community coaches" and are supervised by a Qualified Professional who has a broad understanding of the fundamentals of self-determination and adheres to the values and principles of person-centered planning in the context of person-centered thinking.
14	**Requisite Staff Training** Staff must have received training and be knowledgeable in person centered thinking, person centered planning, and the philosophy and principles of Self Determination.
15	**Service Type/Setting** • ***Location(s) of services*** • ***Excluded service location(s)*** This is a day/night type of service under NC Administrative Code T10:14V .2300. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule. This service is not billable to Medicaid. It is the service provider that shall be subject to licensure. 10NAC 14V .2301(e) Services are community based within the individual's defined "community", i.e., where the person chooses to live, work and recreate. Services cannot be provided in segregated settings.
16	**Program Requirements** • ***Individual or group service*** • ***Required client to staff ratio (if applicable)*** • ***Maximum consumer caseload size for FTE staff (if applicable)***

	• ***Maximum group size (if applicable)*** • ***Required minimum frequency of contacts (if applicable)*** • ***Required minimum face-to-face contacts (if applicable)*** This service is an individualized service with individuals having one-on-one or team supports. Staff ratio is a function of the level of support individuals need at any given time; staff typically would not support more than 4-5 individuals at any given time. Staff are considered "life/work community coaches" and support individuals in achieving goals specified in their person centered plan. Other unpaid natural supports may also be assisting the individual and be part of that person's support team. The staffing pattern is a function of the number of support "staff" an individual needs vs. the number of individuals on a "staff" person's caseload; for example staff person "x" may be on the team of 5 different individuals as the "employment specialist" during the time period where that expertise is needed to support the individual successfully achieving employment, another staff person on the same individual's team may be there to support the individual in connecting with social/recreational activities in the community and developing natural support resources. The expectation is that one person is not and cannot be everything to every individual they support, rather CAET services must have a staffing pattern that reflects a wide range of expertise, experience and knowledge in specialized areas of support.
17	**Entrance Criteria** • ***Individual consumer recipient eligibility for service admission*** • ***Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service*** Per 10 NCAC 14V .2306 (b) (3), a qualified professional or an associate professional shall certify the eligibility of each individual for the CAET service according to the following criteria: A. There is an Axis I or Axis II diagnosis of a developmental disability as defined in GS 122C-3 (12a) or the person may have a diagnosis of developmental disability and a co-occurring diagnosis of mental illness. AND B. Level of Care Criteria, NCSNAP AND C. The individual is experiencing difficulties in at least one of the following areas: 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement in a more restrictive setting AND D. The individual's level of functioning has not been restored or improved and may indicate a need for intensive supports in a natural setting if any of the following apply: 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. At risk of exclusion from services, placement or significant community support systems as a result of functional or behavioral issues associated with the diagnosis. This service should be available to all individuals with a disability including those with complex and significant disabilities and a "level of supports system" becomes a measure of the extend and duration of support an individual needs. A "level of support" system is defined as: • Intermittent support (episodic need) • Limited support (needed for specific periods of time) • Extensive support (needed regularly for an extended period of time, and • Pervasive support (life long, intense need).
18	**Entrance Process** • ***Integration with team planning process***

	• ***Integration with Person Centered Plan and clinical assessment*** This requires a person-centered plan that promotes successful integration into the community through individualized supports and activities. Authorization by the Local Management Entity is required. The services must be included in an individual's person-centered plan and authorized prior to or on the day services are to begin. Initial authorization for services will not exceed a six (6) month period. Re-authorization will be conducted at least annually.
19	**Continued Stay Criteria** • ***Continued individual consumer recipient eligibility for service*** The desired outcome or level of functioning has not been restored, improved or would not be sustained over the time frame outlined in the person-centered plan without this service. If expected outcomes have not been met, the person-centered plan must be evaluated and modified to identify more effective support strategies.
20	**Discharge Criteria** • ***Recipient eligibility characteristics for service discharge*** • ***Anticipated length of stay in service (provide range in days and average in days)*** • ***Anticipated average number of service units to be received from entrance to discharge*** • ***Anticipated average cost per consumer for this service*** Individual requests discharge from program, or the individual is not achieving stated outcomes from this service and an alternative service is identified, or the individual has achieved expected outcomes, or the individual can sustain outcomes without the service. The anticipated length of stay could range from 30 days to 180 days with an average around 120 days; The average number of service units from entrance to discharge is 960; and, The average cost per consumer for this service is $9,264.
21	**Evaluation of Consumer Outcomes and Perception of Care** • ***Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service*** • ***Relate emphasis on functional outcomes in the recipient's Person Centered Plan*** The expected outcome is for individuals to achieve the greatest level of personal independence, which encompasses the promotion of social, physical, financial, and emotional well-being. This outcome may be achieved by using a variety of supports, some of which are outlined below. Supports should be based on best practice, person-centered planning in a wrap-around approach with informed choice. All available funding sources should be fully explored and utilized. **Transitional Supports Include** ◆ Community Based Assessment ◆ Community Job Exploration ◆ Community Leisure Exploration ◆ Job Shadowing

	◆ Employment in Community Jobs – individual, self-employment ◆ Career Exploration ◆ Higher Education Exploration ◆ Resume Writing ◆ Benefits Counseling ◆ Housing Exploration ◆ Transportation ◆ Health & Wellness ◆ Interpersonal/social skills training **Supports for People with Multiple & Complex Needs** ◆ Evaluation ◆ Career Exploration ◆ Leisure Exploration ◆ Community Exploration ◆ Skills of Daily Living ◆ Personal Care ◆ Benefits Counseling ◆ Personal Safety ◆ Health & Wellness ◆ Transportation ◆ Family Education ◆ Interpersonal/social skills training ◆ Housing exploration ◆ Functional Academics (such as computer training, compensatory education, money management, personal finance, etc.) ◆ Employment by Affirmative Enterprise at Minimum Wage or Greater **EXPECTED OUTCOMES** Measuring consumer outcomes, in the context of an individual's person centered plan, is critical to the implementation of this evidence based service (CAET). In general, the outcomes wanted by this population of consumers and to be achieved through participation in this service, support a person's basic needs to be as independent and self sufficient as possible. The outcomes are based on consumers telling us they want: 1) to live and work where they choose; 2) to be engaged in meaningful day to day activities of their own choosing in the community; 2) to increase social skills; 3) to have meaningful relationships; 4) to control their own money. An outcome monitoring system must be able to track individual information in order to track progress over time. This system must also be able to provide aggregate data for all consumers being supported. Quarterly progress reports are to be provided to the LME.
2 **2**	**Service Documentation Requirements** • ***Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?*** ***X Yes*** ☐ ***No*** ***If "No", please explain.*** • ***Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.*** Documentation in the individual's medical record is required as defined in the Service Records Manual APSM 45-2 (9/03). Service note requirements as outlined in the Service Records Manual elements are: individual's name; record number; date service provided; duration of service; purpose of contact; description of the intervention/activity; assessment of individuals progress toward goals; signature of person who provided the service including (professional: credentials, degree, or licensure of clinician;

	paraprofessional; position of the individual).
23	**Service Exclusions** • ***Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service*** This service cannot be provided during the same authorization period when an individual is receiving Supported Employment or Community Rehabilitation Program services either through DMH or DVR or receiving Supported Employment services funded by the CAP-MR/DD waiver.
24	**Service Limitations** • ***Specify maximum number of service units that may be reimbursed within an established timeframe (day. week, month, quarter, year)*** Maximum number of service units is 32 units per day (8 hrs.); however, frequency of participation is driven by specific goals in the individual's person centered plan and will vary based on level of supports needed at any given time. Service is typically for a period of three to four hours per day although an individual may need additional hours when first becoming engaged in CAET and likewise may need fewer than three hours, for example once they have begun working, volunteering, and/or adding natural supports to their support team.
25	**Evidence-Based Support and Cost Efficiency of Proposed Alternative Service** • ***Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service*** Best Practices for Implementing the Recommendations of "Looking Forward: A Summit on the Developmental Disabilities System in North Carolina" Technical Report October 16, 2008, presented to the Legislative Oversight Committee. "The Minnesota Employment First Summit" June 12, 2007. "Employment First: It is time for North Carolina to Adopt An Employment First Policy for Adults with Disabilities" NCASPE white paper. Cost Efficiency example: the initial participants in CAET were consumers that had been in ADVP 5 years or more; on an average these individuals participated in CAET 4 hours a day, 5 days a week over a period of three months; the cost, more accurately the investment, equals $9,264 per person … those individuals are employed. The same individuals while in ADVP had a cost of $5,342 over a three month period at 6 hours a day, 5 days a week, however the cost over a year was $27,369 and the cost over 5 years was $106,848 … with no movement towards employment.
26	**LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service** The LME will monitor against the outcome measures listed above and in the context of individuals achieving a quality of life, with the level of support they need, to be as independent and self sufficient as possible and to become a full citizen of their community. As the community moves towards a level of support model it is not necessarily the cost of a specific service that needs to be evaluated, but more accurately it's the investment, and the return on that investment to the community, that will need to be measured in determining the cost effectiveness in supporting an individual to achieve a "self-determined" life.
27	**LME Additional Explanatory Detail *(as needed)*** Working is fundamental to adulthood, quality of life, individual productivity, and earning the means to

	exercise freedoms and choices available to all citizens. It leads to economic well being, a sense of personal fulfillment, enhanced self-esteem, and opportunities for social relationships and community participation. This service is the first example of the Mecklenburg community moving in the direction of creating a "person-centered system of supports"; additional initiatives have begun that also redefine "community based day supports" and "residential supports" that will enable individuals "to live lives in their communities in ways that mirror the lives of their neighbors and friends". Throughout this evolution there naturally has been and will continue to be ongoing tensions between empowering individuals to be independent in the community, and the need to ensure the safety and health of individuals. On going dialogues re. "protection vs. independence" will continue. A number of agencies have formed parent groups who are supportive of this direction and who now see their adult son or daughter working and engaged in community activities in ways they never thought possible. The Mecklenburg Consumer and Family Advisory Committee, the Self Determination Best Practice Committee and the Mecklenburg Disability Action Collaborative have all recommended to the Mecklenburg LME that IPRS funding should be directed toward initiatives like CAET that move the community toward the development of a "best practice" continuum of supports, and direct funding away from any programs or services that "house" individuals in segregated settings and that do not demonstrate the philosophy and principles of self determination and the concepts around the development of a person centered system of supports.